U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 000-050

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

10040	1 / 1 / 2004 Through: 12 / 31 / 2004;
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Dallas H Jones	Name National Postal Mail Handlers Union
	Labor Organization File Number 669-050 000 505
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1100 Conecticutt Avenue suite 500	Street 1100 Connecticutt Ave
Cily Washington	City Washington D. C.
State District of Columbia ZIP Code + 4 20036	State District of Columbia ZIP Code + 4 20036
5. Position in labor organization. Contract Administration Rep.	
A. Held an interest in, engaged in transactions (including loans) with, or	sions set forth in the instructions): derived income or other economic benefit of
monetary value from an employer whose employees your organization	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ing documents), has been examined by the signatory and is, to the best of the
Signed Dalla N. Jones D	On 8/15/2005 = 202-833-9095 Date Telephone Number
Earm I M 20 (2003)	The state of the s

Name of Person Filling Dallas Jones		File Number 0- 000 - 03 0	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name First Health			
Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 3200 Highland Avenue	1		
City Downers Grove			
State Illinois ZIP Code + 4 60515			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name	First Health admin Health Plan	isters and underwrites the Union	
Trade Name, if any:	I service dela		
P.O. Box, Bldg., Room No., if any			
Street	Landania de la composition della composition del	province and a second s	
City	11.b. Approximate dollar valu	Section and Participation of the Control of the Con	
State ZIP Code + 4	12.a. Nature of interest held Attended 3 group Self and spouse. value is 180.00	buffet dinners. March 20-23,2004. Amounts not known. Approximate	
	12.b. Amount.	6100	
	12.b. Amount.	\$180	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	TERROTOR SONO E POR RECORDANCE AND	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		· · · · · · · · · · · · · · · · · · ·	
City !		ţ .	
State ZIP Code + 4			
	14 h Amount of annual		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment,		

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name First Health Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	l C.J.	
Street 3200 Highland Avenue	c. Employer	
City Downers Grove		
State Illinois ZIP Code + 4 (60515		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	to the second of
Name	First Health administers and under Health Plan	writes the Union
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	A STATE OF THE PARTY OF THE PAR	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	June 21-23, 2004. Food buffet sty refreshments with wife at a recept First Health. Approximate vale is	ion sponsored by
	12.b. Amount.	\$300

Part B Continuation Page

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Name First Health	a. Labor Organization	
Trade Name, if any:	a. Edsor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Annual de la companya de la company La companya de la co	ç c. Employer	
Street 2240 Tard tue	\$ ***	
City December 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Account water is a programmer of the approximation and the approximation of the approximation	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	The state of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		and the second s
The second secon	Employer Control of the Control of the Supplementary of the Supplementar	- nov - F to - M - Section Company
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	Commence of the second
	12.a. Nature of interest held or income received.	
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	12.b. Amount.	4

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Part B Continuation Page

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Name First Health	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 3200 Highland Avenue	c. Employer
City Downers Grove	
State Illinois ZIP Code + 4 60515	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	First Health administers and underwrites the Union Health Plan
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	December 9-11, 2004. (Self & Spouse) Attended 3 group buffet dinners with an approximate value of 180.00
	Market and Angular angular transfer and an artist of the second of the s
	12.b. Amount. \$180



DALLAS H. JONES

File Number U- 000-050

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name First Health	is the Labor Organization	
Trade Name, if any: {	a. Labor Organization	
the same of the sa	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 3200 Highland Avenue	c. Employer	
City Downers Grove		
State Illinois ZIP Code + 4 60515		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	are control outsides the security of the security
Name	First Health administers and under health plan.	writes the Union
Trade Name, if any:		
The state of side productions and appropriate		
P.O. Box, Bldg., Room No., if any		
Street		
City		in the second se
The second control of the control of	The first of the second of the	para antara a mangan terapakan at mangan para a mangan para mangan para mangan para mangan para mangan para ma
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	August 19-29, 2004. Attended appr buffet dinners with an appoximate	oximately seven value of 350
	dollars.	
	V PARTITION OF THE PART	
		_
	12.b. Amount.	\$350

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Part B Continuation Page

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Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street; City	a. Labor Organization b. Trust c. Employer	
State Factor State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	er son skall sammen og skall skal
	12.a. Nature of interest held or income received.	\$50

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